

## MINUTES

Health Information Technology and Transparency  
Advisory Board and Ad Hoc Expert  
Work Group Retreat

Georgia Tech Global Learning Center  
84 5<sup>th</sup> Street, N.W., Atlanta, Georgia 30308  
Room 323  
April 18, 2007  
9:00 A.M. - 4:00 P.M.

### Members Present

Jeffrey Broka	Dr. James Buehler	Robert W. Bush
Dedra Cantrell	Dr. Jack Chapman	Monye Connolly
Chris Downing	Greg Fields	Michael Heekin, <i>Facilitator</i>
Honorable Judson Hill	George Israel	R. Scott Leavell
Laura Linn	Patricia Massey	Dr. William McClatchey
Doug Moses	Glenn Pearson	Dr. Winston Price
Dr. Louvenia A. Rainge	Gayle Ransom	Dennis White
Russell Williams		Sonya Smith
Dr. William McClatchey		

### DCH Staff Present

Alicia McCord-Estes	Rory Gagan	Charemon Grant
Matthew Jarrard	Sara Lambert	Diane Manheim
Dr. Rhonda Medows	Sonny Munter	Toni Phillips
Tinnera Rumph	Denise Williams	

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Chairperson Russell Williams called the meeting to order at 9:20 a.m., at the Georgia Tech Global Learning Center located at 84 5<sup>th</sup> Street, N.W., Atlanta, Georgia 30308. A quorum of the Board was present. The meeting commenced with the Chair requesting General Counsel Charemon Grant of the Georgia Department of Community Health (DCH) to provide a legislation update.

General Counsel Grant deferred the legislation update to Mr. Robert Rozier, *Executive Director of the Division of Health Planning* of DCH; the update focused on the transparency legislation impacting work the HITT Board is undertaking. Presently, four Bills have transparency relevance, including amendments, designates the Department to create and develop a transparency Web site to be presented to the public.

Mr. Rozier updated the committee on **HB 24 - Georgia Advance Directive for Health Care Act / Living Wills**. The House has agreed on the Bill, the Senate have amended. The Bill was amended to cover transparency. Regarding **HB 233 - Long-term Care Facility Resident Abuse Reporting Act**, the House Conference Committee Report was

adopted. Mr. Rozier stated this Bill includes performance outcome and pricing data for selected medical conditions, services, programs surgeries and procedures would be reportable as defined by Departmental rule.

HB 24 and HB 233 were amended to include a brief paragraph relating to transparency. The Bills are very similar and both cover acute care hospitals, long-term care, nursing homes, rehabilitation centers, ancillary and other services.

**HB 628 - Health Care Quality / Transparency Act** was introduced in the House, reviewed by the Department of Health & Human Services (HHS) Committee, favorably reported and listed on the House General Calendar but recommitted to 2008. Mr. Rozier indicated the Bill was broad and comprehensive in the types of data required. The types of data are aggregate and include utilization, financial and miscellaneous data. Aggregate and utilization data includes case mix, admission and average length of stay, mortality rates, volume treatments of various services and surgeries. Financial data includes balance sheets, bad debt, government support, nursing rates, etc. These are income statements obtainable from entities via a DCH Certificate of Need (CON) or other government branches; the question is whether this data can be placed on the Web site or can be used comprehensively. Miscellaneous data includes the availability of specialized services in one area; the data does not apply to every type of entity but a broad list of items. The Bill covers acute care, long-term care, ancillary services and other providers, as well as, hospitals, nursing homes, ambulatory surgery centers, rehabilitation centers, hospices, etc., basically any facility and/or providers required to obtain a CON or license will have to submit data under this provision. Initially this legislation included physician offices but was omitted through the legislative process and does not cover clinical labs and Urgent Care Clinics.

Mr. Rozier continued by discussing **SB 28 - Insuring Georgia's Families Act / Health Insurance Provision** that has been read and referred by the Senate. The Bill was introduced in the Senate, but pending in Committee and has not received a report nor has been presented to the HHS Committee. The Bill is similar to Florida's Transparency Initiative which requires DCH to implement a Web site to include pharmacies and other healthcare facilities data. The Bill covers many of the same entities as does HB628, varies on ancillaries and other providers but does not cover free standing imaging centers, physician offices and health plans. There is a slight difference in the data types DCH will be allowed to collect which most is miscellaneous data, however, SB 28 and HB 628 will allow DCH to obtain complete claims data.

Advisory Board member Dr. James Buehler questioned if the Bills were passed and whether DCH had the mandate to make use of the data, would the Bills provide funding to enable staff and other resources to make effective use of the data and what is the consensus of the cost? Mr. Rozier and Diane Manheim, *Transparency Project Manager*, of DCH provided the example from Florida spending approximately \$400,000 - \$500,000

to develop three Web sites. In order to determine the transparency Web site cost for Georgia, first the selected data needs to be identified, specifically by the consumer. The goal is to match consumer opinion which would be useful versus what is readily available. General Counsel Grant addressed the question as to who is responsible for obtaining the data, indicated in HB 628 which specifically references the HITT Board provide guidance to DCH, although the Bill mandates certain data be provided. There is also latitude, wherein the Department can define rules and regulations regarding what data will ultimately be provided.

Chairperson Williams thanked Dr. Paula Edwards, *Director of the Center for Pediatric Outcomes and Quality* of the Georgia Institute of Technology and Children's Healthcare of Atlanta and the DCH staff regarding the conference center accommodations and all efforts in making the HITT Advisory Board Work Group Retreat possible.

Mr. Sonny Munter, *Chief Information Officer* of DCH, reported the status of the Medicaid Management Information System (MMIS) Project. A vendor will be selected by the Department in early May 07. The project implementation will take approximately 24 months and Electronic Health Records (EHR) will also serve as a component. The Department and the Board need to ensure the EHR developmental efforts are corresponding. The Board asked for a more defined description of what this means, struggling with the notion of Medicaid EHR. A detailed discussion ensued regarding a claims based EHR that could also serve as a record locator. The Medicaid Information Technology Architecture (MITA) will improve services and reduce costs to members. The EHR component is tied into the MITA Initiative and as part of the Department's requirements and a component of budget planning. Once a vendor is selected by the Department, input from the Board and others will be needed to assist in establishing the details for the EHR requirements. In order for the Department and the Board to be compliant regarding interoperability, the national standards that are universal will need to be identified. The discussion ended by defining the MMIS project operation and the implementation of the existing EHR data and how data will be utilized by transparency. General Counsel Grant suggested a copy of the MMIS Request for Proposal (RFP) illustrating the EHR segment be provided for the Board's review to better understand the scope as to what the vendor is trying to do, as well as, having input in discussions with the awarded vendor.

Concerns were voiced regarding the HITT Advisory Board's role and the censorship of the HITT Advisory Board SharePoint Web site. Dr. Medows informed the Advisory Board and Ad Hoc Experts that all information on the site is available for public view at any moment. The discussion board is intended for HITT purposes only.

Chairperson Williams introduced Ad hoc expert Michael Heekin, serving as the HITT Advisory Board Work Group Retreat Facilitator, to assist in identifying the Board's strategic efforts in pursuing Health Information Exchange (HIE) and Transparency

initiatives. Mr. Heekin requested feedback as to the Board's objectives, vision and mission and what and/or how to approach these areas. The Board articulated the plans by a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis (attached). The Board began to outline the strategic plans and action recommendations to create a technical infrastructure network, engaging a coalition and community activity, developing pilot projects and an action plan.

Advisory Board member Senator Judson Hill volunteered his services in advocating Georgia Legislative support on behalf of the Board in engaging community coalition sponsorship. Senator Hill shares the Board's concerns and will assist in addressing the medical malpractice liability issue. Most legislation protects the provider but, believes there is the threat of encountering pre-litigation discovery challenges. It is critically important to address this issue in a correct manner and problematic whether litigation is against a pharmacist, physician, hospital, etc.

The HITT Advisory Board conducted the subcommittee breakout session at 3:30 p.m. The first day of the Health Information Technology and Transparency (HITT) Advisory Board Work Group Retreat was adjourned from the completion of the Subcommittee Chairs at 5:00 p.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 2007.

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Russell J. Williams, Chairperson

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Chris Downing, Vice Chairperson